

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12212</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Timothy J Goss</u> P.O. Box, Bldg., Room No., if any Street <u>1640 Porter Street</u> City <u>Detroit</u> State <u>Michigan</u> ZIP Code + 4 <u>48216</u>	4. Name, file number, and address of labor organization. Name <u>IUEC Local No. 36</u> Labor Organization File Number <u>008-574</u> P.O. Box, Building and Room Number, if any Street <u>1640 Porter Street</u> City <u>Detroit</u> State <u>Michigan</u> ZIP Code + 4 <u>48216</u>
5. Position in labor organization. <u>Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Timothy J. Goss

On

8/15/05
Date

248-789-0098
Telephone Number

Name of Person Filing Timothy Goss	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name National Elevator Industry Education Program</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11 Larsen Way</p> <p>City Attleboro Falls</p> <p>State Massachusetts ZIP Code + 4 02763-1068</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Training center instructor - Wages reported on Form W-2</p> <p>11.b. Approximate dollar value of such dealing. \$8,500</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Timothy Goss

File Number U-

Part B Continuation Page

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Name National Elevator Industry Education Program

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11 Larsen Way

City Attleboro Falls

State Massachusetts ZIP Code + 4 02763-1068

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Reimbursement for attendance at August 8-13 OSHA Training Workshop in Columbia, MA

11.b. Approximate dollar value of such dealing.

\$184

12.a. Nature of interest held or income received.

12.b. Amount.

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Part B Continuation Page

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P.O. Box, Bldg., Room No., if any

Street 11 Larsen Way

City Attleboro Falls

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9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Travel reimbursement for attendance at OSHA 500 Training Workshop at Columbia, MD on August 9-13, 2004.

11.b. Approximate dollar value of such dealing. \$218

12.a. Nature of interest held or income received.

12.b. Amount.

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Part B Continuation Page

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10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Reimbursement of classroom supplies and meals in conjunction with attendance at the OSHA 500 training seminar in Columbia, MD on August 9-13, 2004.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT
ATTACHMENT

To the best of my knowledge this is all that I can remember regarding my activities for the given period. If anything further comes to my attention I will amend this filing.